



HISTORY OF STROKE/CVA/TIA

Number of Episodes?

When was each episode (dates)?

Any residuals (such as balance, slurred speech, weakness, dizziness, lazy foot, memory problems, abnormal gait, etc.)

Current blood pressure readings average?

Any history of tobacco use? When was the last use?

Any history of diabetes, arrhythmias, heart disease, congestive heart failure, cardiomyopathy or valve problems?

Any additional concerns and/or information you can provide regarding this history?
